

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	-1		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	-12	5-1644	8/14/01
RESPONSE FORMALITY REVIEW			09/13/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	1/2
2	1/2
3	✓
4	✓
5	✓
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21	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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